

YOUTH VOLUNTEER APPLICATION – Age 11 to 18

Please email to tmjensen@mpsomaha.org or take to room 2614 - MILLARD NORTH HIGH SCHOOL Sociedad Honoraria Hispánica

Personal Information

Name:		Date of Birth:	
<hr/>			
Address:			
<hr/>			
City:	State:	Zip:	
<hr/>			
Youth Home Phone:	Youth Cell Phone:	Youth Email Address:	
<hr/>			
Parent or Guardian Name:			
<hr/>			
Day Phone:	Evening Phone:	Cell Phone:	Email Address:
<hr/>			

Emergency Contact Information – Same as Parent or Guardian Information above?				Yes	No (If No, please list)
Emergency Contact Name:		Relationship:			
<hr/>					
Address:					
<hr/>					
City:	State:	Zip:			
<hr/>					
Day Phone:	Evening Phone:	Cell Phone:	Email Address:		
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Education Information

Are currently attending school?	Yes	No			
Name of school		Grade			
<hr/>		<hr/>			
Are you involved in extra-curricular activities?	Yes	No	(If yes, please list) _____		

Employment Information

Are you currently employed?	Yes	No	(If yes, where?) _____
Describe your duties: _____			
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Volunteer Information

**Mondays 5-8pm, el Día
de los Niños
Saturday, April 30th**

I am available:

Mornings

Afternoons

Evenings

Check which days you are available:

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

At which location would you like to volunteer? Mark as many as you like, but please number in priority order if choosing more than one.

___ W. Dale Clark **Main Library**

___ Milton R. **Abrahams Branch**

___ **Benson Branch**

___ Bess Johnson **Elkhorn Branch**

___ **Florence Branch**

___ **Millard Branch**

___ A.V. **Sorensen Branch**

___ **South Omaha Library**

___ W. Clarke **Swanson Branch**

___ Charles B. **Washington Branch**

___ **Willa Cather Branch**

___ **Saddlebrook Branch**

Have you ever volunteered before? _____ if so, where? _____

Brief description of duties _____

Please list skills, abilities, or hobbies _____

Do you have library experience? _____ If so, where? _____

What were your duties? _____

How did you learn about the Library's volunteer program? _____

Are you volunteering to fulfill a community service requirement? Yes No

Who is requiring the community service? _____

Number of hours you need to complete _____ Deadline _____

References

As part of the screening and placement process, all volunteers are required to submit two personal references. References must be over 18 years old and should not be members of your immediate family.

1. _____
Name email Phone Number Relationship

2. _____
Name email Phone Number Relationship

Parent & Youth Agreement

I, _____, as parent/guardian of _____, do hereby indemnify and hold harmless the Omaha Public Library and agree to indemnify and hold harmless the City of Omaha from any and all liability, claims or causes of action that may arise for any accidents, injuries or illnesses that may occur to my child from his/her participation in the volunteer program. I waive any right of action I have against the City of Omaha in consideration of my child's participation as a volunteer for the Library. I acknowledge that as a volunteer, my child will not be covered by Workers' Compensation. I understand that completion of this application does not guarantee acceptance into the program.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____
Date _____

Youth Printed Name _____

Youth Signature _____
Date _____